



Application No. (if known): 10/758,417

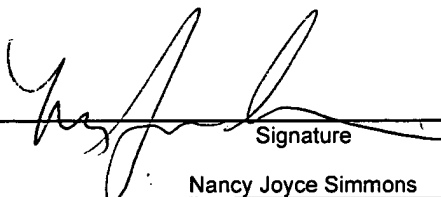
Attorney Docket No.: 20342/1202653-US3

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MS Amendment
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on February 27, 2006
Date


Signature

Nancy Joyce Simmons

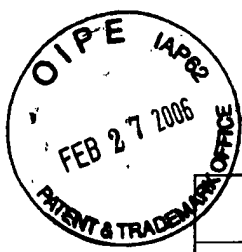
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212-527-7700
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Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Preliminary Amendment (11 pages)
Check no. 1325 in the amount of \$3,860.00



03-01-06

If/er \$

AMENDMENT TRANSMITTAL LETTER

Docket No.
20342/1202653-US3Application No.
10/758,417Filing Date
January 16, 2004Examiner
Not Yet AssignedArt Unit
N/A

Applicant(s): Beth A. Brunside et al.

Invention: ORAL PULSED DOSE DRUG DELIVERY SYSTEM

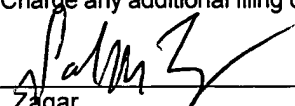
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	78	- 20 =	58	x 50.00	2,900.00
Independent Claims	7	- 4 =	3	x 200.00	600.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					360.00
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					3,860.00

- ☒ Large Entity ☐ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. 04-0100 in the amount of \$.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 3,860.00 to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Paul M. Zagar
Attorney/Agent Reg. No.: 52,392

Dated: February 27, 2006

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7700



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2006		Complete if Known		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/758,417	
		Filing Date	January 16, 2004	
		First Named Inventor	Beth A. Brunside	
		Examiner Name	Not Yet Assigned	
		Art Unit	N/A	
TOTAL AMOUNT OF PAYMENT	(\$)	3,860.00	Attorney Docket No.	20342/1202653-US3

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100
Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
78 - 20 = 58 x 50.00 =							2,900.00
HP = highest number of total claims paid for, if greater than 20.							
Multiple Dependent Claims							
Fee (\$)							Fee Paid (\$)
360.00							360.00
Indep. Claims							
7 - 4 = 3 x 200.00 =							600.00
HP = highest number of independent claims paid for, if greater than 3.							
Multiple Dependent Claims							
Fee (\$)							Fee Paid (\$)
360.00							360.00
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

SUBMITTED BY		Registration No.	Telephone
Signature		52,392	(212) 527-7700
Name (Print/Type)	Paul M. Zagar		Date
			February 27, 2006



Docket No.: 20342/1202653-US3
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Beth BURNSIDE et al.

Application No.: 10/758,417

Confirmation No.: 5644

Filed: January 16, 2004

Art Unit: 1617

For: ORAL PULSED DOSE DRUG DELIVERY
SYSTEM

Examiner: Shengjun WANG

PRELIMINARY AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows.

Amendments to the claims are included in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 10 of this paper.

03/02/2006 AKELECH1 00000062 10758417

01 FC:1201	600.00 OP
02 FC:1202	2900.00 OP
03 FC:1203	360.00 OP